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CURRENT CORRESPONDE	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
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SUITE 850				Allison Cowan			(Depositor's name)
MCLEAN, VA 22102				/Allison Cowan/			(Signature)
				October 25, 2006			(Date)
APPLICATION NO.	I NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/681,877	81,877 10/09/2003		Yoshiyuki Tonami	Yoshiyuki Tonami		36856.1137 9590	
TITLE OF INVENTION:	MULTILAYER COMI	POSITE AND METHOD	FOR PREPARING TI	IE SAME			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JE PREV. PAID ISSU	E FEE TOTAL F	FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$0 \$1700		10/25/2006
EXAMINER ART UNIT		CLASS-SUBCLASS	7				
LAM, CATHY FONG FONG 1775		1775	428-210000				
"Fee Address" indi PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME All PLEASE NOTE: Unl	ondence address (or Cha 1/122) attached. cation (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA ess an assignee is ident in 37 CFR 3.11. Comp GNEE	"Indication form led. Use of a Customer A TO BE PRINTED ON ified below, no assignee pletion of this form is NO	(1) the names of u or agents OR, alten (2) the name of a s registered attorney 2 registered patent listed, no name wil THE PATENT (print o data will appear on the Ta substitute for filing (B) RESIDENCE: (CKyoto, Japan	ngle firm (having as a or agent) and the namattorneys or agents. If be printed. type) e patent. If an assign an assignment.	a member a 2— les of up to no name is 3— lee is identified be	clow, the do	& Bennett, LLP
4a. The following fee(s) a ⊠ Issue Fee □ Publication Fee (N		permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1353 (enclose an extra copy of this form).				
5. Change in Entity Star						-	
• •	s SMALL ENTITY state			longer claiming SMA			
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Typed or printed name							
This collection of inform an application. Confiden submitting the complete this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 (tiality is governed by 35 dapplication form to thoons for reducing this building 22313-1450. DO 13-1450.						by the USPTO to process) g gathering, preparing, and the you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450, number